PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10799095

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIM	S .	2.7]	RATE	FEE	7			
FOR			ALL MARSER SILLER					<u> </u>		\exists	RATE	FEE	
<u> </u>			NUMBER FILED			NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FE	E 770.00	
10	OTAL CHARGE	ABLE CLAIMS	53 m	inus 20=	*	1 3		X\$ 9=	1	OR	X\$18=	234	
_	DEPENDENT (<u> </u>	ninus 3 =				X43=		OR	X86=	86	
MULTIPLE DEPENDENT CLAIM PRESENT										OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	+	OR	TOTAL	109 C	
CLAIMS AS AMENDED - PART II									<u> </u>]		THAN	
		(Column 1)		(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	Ī	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4 45			000		
	(i)	(18) (2	y) Z	7	•	• • •	L	+145=	·	OR	+290=		
			1		·		A	TOTAL DDIT. FEE	Ļ	OR,	TOTAL ADDIT: FEE		
- 1		(Column 1)	1	(Colum		(Column 3)	_						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	Γ	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .	F	X43=	,		X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740-	-	OR	∧00= ·		
							L	+145=	•	OR	+290=		
				•		•	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
		(Column 1)		(Columi		(Column 3)			•				
IMIEN		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE: NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		a f	X\$18=		
	Independent		Minus	***		=	\vdash	X43=		OR			
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		\vdash	.,,,,,		OR	X86=		
• If 1	the entry in colum	nn 1 is less than the		nn O section no	, 18 imi	0	L	145=		OR	+290=		
11	the "Highest Nun	nber Previously Pain nber Previously Pain	d For" IN THIS	SPACE is to	ec than	20 anter *20 *	· ADI	TOTAL DIT. FEE		OR .	TOTAL DDIT, FEE	·, · · · · ·	